Media Release
6 December 2013

26,066 pairs of glasses would help fix Indigenous eye health

And, along with that, we need 39,292 annual eye examinations for diabetic retinopathy and 4,382 cataract surgeries!

These are some of the findings of two ground-breaking studies lead by Dr Ya-seng Hsueh and Professor Hugh Taylor of the University of Melbourne School of Population and Global Health in the current issue of the Australian Journal of Rural Health (AJRH). The studies are the first to estimate the extent of additional expenditure needed to overcome the serious eye health gap faced by Aboriginal and Torres Strait Islander people in Australia.

“Although Indigenous Australian children have better vision than non-Indigenous children, the rate of blindness of Indigenous Australians aged 40 and above is six times higher than for non-Indigenous Australians. Moreover, 94 per cent of this vision loss is either preventable or treatable,” Professor Taylor said.

“We know that 35 per cent of Indigenous Australian adults report that they have never had an eye examination, compared with just 8.9 per cent of the general population. There are an estimated 3,300 Indigenous adults who are blind and another 15,000 with low vision. Four conditions – cataract, refractive error, diabetic retinopathy and trachoma – cause the vast majority of vision loss in Indigenous Australians.” (As specific funding is allocated for trachoma, it was excluded from the studies reported in AJRH.)

The first study\(^1\) developed a comprehensive and sophisticated costing model to estimate the current spending and additional funds required to close the gap for vision. It considered the three major eye conditions that cause the majority of vision loss to Aboriginal and Torres Strait Islander people (cataract surgery, refractive error and diabetic retinopathy) and found that $45.5 million a year (2011 Australian dollars) is required to fully meet the eye care required for the three conditions. The current expenditure for treating the three eye conditions is estimated as $17.4 million a year. Therefore an additional $28 million a year is required to close the gap in eye health that currently exists between Indigenous and non-Indigenous Australians.

---

“This is only a small fraction of the overall annual Australian health budget. What is an even bigger challenge is making it easier for Indigenous patients to access services which already exist. That’s where our companion study is really important,” Professor Taylor said.

“There are Government programs to meet the challenges of the eye health gap, but many Indigenous Australians do not use them."

"Accessing eye care is complex: there are multiple layers of service and multiple entry points to eye services in the Australian health care system. Clinical pathways for treatment of eye conditions often involve multiple steps and appointments for appropriate treatment. Appropriate referrals are difficult to make when health staff are not aware of the steps involved, and referral is particularly difficult in locations with limited local services and infrequent visiting services. The patient journey is like a ‘leaky pipe’ where individual users, like water, tend to leak from the system at each step along the way.”

The second study\(^2\) estimates that the total workforce required for eye care coordination is 8.3 EFT per 10,000 Aboriginal and Torres Strait Islander people which, across the total Aboriginal population, would require approximately $21.3m - which is part of the extra $45.5 million needed. “This would provide critical resources to make the eye gap effectively closed by assisting patients with ancillary tasks including transport, organising clinics and assisting with hospital attendances,” Dr Hsueh said.

**Contact:** Gordon Gregory - NRHA Executive Director: 02 6285 4660


---